Ward)

ARIZONA TERRITORIAL BOARD OF HEALTH E.B.—In case of more than one calld at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Phynician or Midwife with the Local Registrat within 5 days after Mark. PLACE OF BIRTH ORIGINAL CERTIFICATE OF BIRTH. Co. Regist wnte Plai 7, with Unfading Ink .-- This is a Permane Record. med, make Supplemental Report on blank obtainable from Sex of Date of march Birth Month Number; in order of birth Child E Age at last Birthdry 30 (Year Birthplace **Hirthplace** Occupation Occupation Number of children, of this mother, now living  ${\cal S}$ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* I hereby certify that I attended the birth of above child; and that it occurred or Given or christian name added from a Address supplemental report \_\_\_\_\_\_191\_\_\_ FiledApril 5 191 1